PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together wi	pplicable fe	ee(s), to <u>: M</u> or <u>F</u>	P.O. Box 14: Alexandria,	er for Patents 50 Virginia 22313	-1450	
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10/12/2005 MBEYENE2 00000114 10785604 OCT 0 7 2005							(Depositor's na
01 FC:1501 02 FC:1504					(Signat		
03 FC=8001 APPLICATION NO.	300.00 03 30.00 08 FILING DATE			INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/785,604				Brian Rose		2C-961	3218
TITLE OF INVENTION: C	OLOR PALETTE PROVID	ING CROSS-PLA		SISTENCY PUBLICATION FEE	TOTAL	EE(S) DUE	DATE DUE
nonprovisional	NO	NO \$1400		\$300		1700	10/26/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS			
CASCHERA, ANTONIO A				345-593000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2. Is the name of up to 3 registered patent attorneys (including Attorneys) 2. Is the name of up to 3 registered patent attorneys (including Attorneys) 3. Is the name of up to 3 registered patent attorneys (including Attorneys) 4. Is the name of up to 3 registered patent attorneys (including Attorneys) 5. Is the name of up to 3 registered patent attorneys (including Attorneys) 6. Is the name of up to 3 registered patent attorneys (including Attorneys) 7. Is the name of up to 3 registered patent attorneys (including Attorneys) 8. Is the name of up to 3 registered patent attorneys (including Attorneys) 8. Is the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON T	THE PATENT	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified by a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe Ta substitute f	ar on the patent. If an or filing an assignment.	assignee is identifi	ed below, the o	locument has been filed
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
APPLE COMPUTER, INC. Cupertino, CA							
Please check the appropriat	e assignee category or categ	ories (will not be pr	inted on the pa	tent): 🗖 Individual	Corporation or	other private gr	oup entity Governm
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
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Authorized Signature	Date October 7, 2005						
Typed or printed name	James A. LaBa	rre	Registration No. 28 - 632				
an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ion is required by 37 CFR 1. lity is governed by 35 U.S.6 upplication form to the USP is for reducing this burden, ginia 22313-1450. DO NOT 1-1450. ction Act of 1995, no person	TO. Time will vary should be sent to the SEND FEES OR	depending up depending up e Chief Inform COMPLETED	on the individual case. lation Officer, U.S. Pate FORMS TO THIS AD	Any comments on cont and Trademark (DRESS, SEND TO	the amount of t Office, U.S. Dep : Commissioner	ing gauering, preparing, interpretation of composition of Commerce, Perfor Patents, P.O. Box 14